

**Application Data Sheet**

**Application Information**

Application number::

Filing Date:: 05/19/06

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD disks::

Number of copies of CDs::

Sequence submission?:: Paper

Computer Readable Form (CRF)?:: Yes

Number of copies of CRF:: 1

Title:: ADJUVANTS OF IMMUNE RESPONSE

Attorney Docket Number:: 01948/098003

Request of Early Publication?:: No

Request of Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 15

Small Entity?:: Yes

Petition Included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

**Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Dan

Middle Name:: H.

Family Name:: Barouch

Name Suffix::

City of Residence:: Boston

State or Province of Residence:: MA

Country of Residence:: US

Street of mailing address:: 1 Longfellow Place #3222

City of mailing address:: Boston

State or Province of mailing address:: MA

Country of mailing address::

Postal or Zip Code of mailing address:: 02114

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Shawn

Middle Name:: M.

Family Name:: Sumida

Name Suffix::

City of Residence:: Honolulu

State or Province of Residence:: HI

Country of Residence:: US

Street of mailing address:: 7122 Kamilo Street

City of mailing address:: Honolulu

State or Province of mailing address:: HI

Country of mailing address::

Postal or Zip Code of mailing address:: 96825

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Norman

Middle Name:: L.

Family Name:: Letvin

City of Residence:: Newton

State or Province of Residence:: MA

Country of Residence:: US

Street of mailing address:: 36 Brackett Road

City of mailing address:: Newton

State or Province of mailing address:: MA

Country of mailing address::

Postal or Zip Code of mailing address:: 02458

**Correspondence Information**

Correspondence Customer Number:: 21559

**Representative Information**

Representative Customer Number:: 21559

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National stage of	PCT/US2004/038865	11/19/04

PCT/US2004/038865	An application claiming	60/523,380	11/19/03
	the benefit under 35 USC		
	119(e)		

**Assignee Information**

Assignee name::

Street of mailing address::

City of mailing address::

State of Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::